UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/736,621	12/17/2003	Thomas M. Walker	243847US23CONT	4059

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OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.	LE, MIRANDA	
1940 DUKE STREET	ART UNIT	PAPER NUMBER
ALEXANDRIA, VA 22314	2167	

SHORTENED STATUTORY PERIOD OF RESPONSE	NOTIFICATION DATE	DELIVERY MODE
3 MONTHS	03/12/2007	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

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		Application No.	Applicant(s)
Office Action Summary		10/736,621	WALKER ET AL.
		Examiner	Art Unit
		Miranda Le	2167

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE **3** MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on <u>05 December 2006</u>.

2a) ☒ This action is **FINAL**.   2b) ☐ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☐ Claim(s) _____ is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☐ Claim(s) _____ is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
    Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____ .

5) ☐ Notice of Informal Patent Application

6) ☐ Other: _____.

DETAILED ACTION

1.   This communication is responsive to Amendment, filed 12/05/07.

.   Claims 1-43 are pending in this application. This action is made Final.

Claim Rejections - 35 USC § 103

2.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

3.   Claims 1-8, 11, 13, 14-21, 24, 26, 27-34, 37, 39, 40-43 are rejected under 35 U.S.C.

103(a) as being unpatentable over Segal et al. (US Patent No. 6,754,655), in view of Levy (US

Patent No. 7,076,437).

As per claim 1, Segal teaches a patient encounter electronic medical record apparatus

comprising:

a processor *(i.e. CPU 18, Fig. 1);*

an interface *(i.e. a browser program, col. 4, lines 47-65)* configured to receive data input

by a physician *(i.e. allow a clinician to select one of said plural medical conditions, col. 3, lines*

9-26) and an output interface *(i.e. displaying, col. 3, lines 9-26)* coupled to said processor *(col. 3, lines 9-26; col. 11, line 29 to col. 12, line 12);*

a memory *(i.e. memory 22, Fig. 1); and*

a plurality of diagnosis specific pre-populated templates *(i.e. a plurality of candidate medical conditions, col. 2, lines 38-49)* stored in said memory and accessible by said processor, default entries *(i.e. to select one of said plural medical conditions, col. 3, lines 9-26)* in said diagnosis specific pre-populated templates being changeable to alternate values by said physician *(i.e. the screen also provides a set of controls that the user can employ to change the constraints applied to the Usefulness determination, col. 10, lines 8-17)*, said default entries being associated with a pre-determined diagnosis *(i.e. a list of disease, col. 11, lines 29-50) (col. 10, lines 1-44);*

said processor is configured to produce an electronic medical record from said output of said diagnosis specific pre-populated templates *(i.e. the operation of generating the data records can be distributed across a plurality of users on the network, col. 5, lines 20-42)(col. 3, lines 27-34).*

Segal does not expressly teach:

wherein said interface is configured to receive an input of a diagnosis entered by said physician, and in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician.

diagnosis specific pre-populated templates being configured to enable said physician to perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting, and a therapy setting.

Levy teaches:

wherein said interface is configured to receive an input of a diagnosis entered by said

physician *(i.e. Physicians evaluating chest pain in office setting; See TABLE 6, col. 11, lines 1-*

23), and in response to the entered diagnosis, the interface is configured to output one or a

plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis

entered by the physician *(See TABLE 6, lines 1-23)*;

diagnosis specific pre-populated templates being configured to enable said physician to

perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting,

and a therapy setting *(i.e. Physicians evaluating chest pain in office setting; See TABLE 6, col.*

11, lines 1-23).

It would have been obvious to one of ordinary skill of the art having the teaching of Segal

and Levy at the time the invention was made to modify the system of Segal to include the

limitations as taught by Levy.

One of ordinary skill in the art would be motivated to make this combination in order to

evaluate chest pain in office setting in view of Levy, as doing so would give the added benefit of

providing an on-line diagnostic system for helping to match symptoms to potential diseases or

diagnoses such that a patient can obtain information for traditional sources prior to a visit to a

health care professional as taught by Levy *(col. 15, lines 26-37)*.

As per claim 14, Segal teaches a patient encounter electronic medical record apparatus

comprising:

a processor *(i.e. CPU 18, Fig. 1)*;

inputting means *(i.e. a browser program, col. 4, lines 47-65)* for receiving data input by a physician *(i.e. allow a clinician to select one of said plural medical conditions, col. 3, lines 9-26)* and outputting means for outputting data, said inputting means and said outputting means *(i.e. displaying, col. 3, lines 9-26)* coupled to said processor *(col. 3, lines 9-26; col. 11, line 29 to col. 12, line 12);*

memory means for storing data *(i.e. memory 22, Fig. 1); and*

a plurality of diagnosis specific pre-populated template means *(i.e. a plurality of candidate medical conditions, col. 2, lines 38-49)* for structuring data stored in said memory means and accessible by said processor means, default entries *(i.e. to select one of said plural medical conditions, col. 3, lines 9-26)* in said diagnosis specific pre-populated template means being changeable to alternate values by said physician *(i.e. the screen also provides a set of controls that the user can employ to change the constraints applied to the Usefulness determination, col. 10, lines 8-17),* said default entries being associated with a predetermined diagnosis *(i.e. a list of disease, col. 11, lines 29-50) (col. 10, lines 1-44);*

said processor produces an electronic medical record from said output of said diagnosis specific pre-populated template means *(i.e. the operation of generating the data records can be distributed across a plurality of users on the network, col. 5, lines 20-42)(col. 3, lines 27-34).*

Segal does not expressly teach:

said input means is configured to receive an input of a diagnosis entered by said physician, and in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician.

diagnosis specific pre-populated templates being configured to enable said physician to perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting, and a therapy setting.

Levy teaches:

said input means is configured to receive an input of a diagnosis entered by said physician *(i.e. Physicians evaluating chest pain in office setting; See TABLE 6, col. 11, lines 1-23)*, and in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician *(See TABLE 6, lines 1-23); and*

diagnosis specific pre-populated templates being configured to enable said physician to perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting, and a therapy setting *(i.e. Physicians evaluating chest pain in office setting; See TABLE 6, col. 11, lines 1-23)*.

It would have been obvious to one of ordinary skill of the art having the teaching of Segal and Levy at the time the invention was made to modify the system of Segal to include the limitations as taught by Levy.

One of ordinary skill in the art would be motivated to make this combination in order to evaluate chest pain in office setting in view of Levy, as doing so would give the added benefit of providing an on-line diagnostic system for helping to match symptoms to potential diseases or diagnoses such that a patient can obtain information for traditional sources prior to a visit to a health care professional as taught by Levy *(col. 15, lines 26-37)*.

As per claim 27, Segal teaches a patient encounter electronic medical record computer product comprising:

a processor *(i.e. CPU 18, Fig. 1)*;

an interface *(i.e. a browser program, col. 4, lines 47-65)* configured to receive data input by a physician *(i.e. allow a clinician to select one of said plural medical conditions, col. 3, lines 9-26)* and an output   interface *(i.e. displaying, col. 3, lines 9-26)* coupled to said processor *(col. 3, lines 9-26; col. 11, line 29 to col. 12, line 12)*;

a memory configured to hold computer-readable instructions *(i.e. memory 20, 22, Fig. 1)*; and

a plurality of diagnosis specific pre-populated templates *(i.e. a plurality of candidate medical conditions, col. 2, lines 38-49)* stored in said memory and accessible by said processor, default entries *(i.e. to select one of said plural medical conditions, col. 3, lines 9-26)* in said diagnosis specific pre-populated templates being changeable to alternate values by said physician *(i.e. the screen also provides a set of controls that the user can employ to change the constraints applied to the Usefulness determination, col. 10, lines 8-17)*, said default entries being associated with a predetermined diagnosis *(i.e. a list of disease, col. 11, lines 29-50) (col. 10, lines 1-44)*; and

wherein said processor is configured to produce an electronic medical record from said output of said diagnosis specific pre-populated templates *(i.e. the operation of generating the data records can be distributed across a plurality of users on the network, col. 5, lines 20-42)(col. 3, lines 27-34)*.

Segal does not expressly teach:

said interface is configured to receive an input of a diagnosis entered by said physician,
and in response to the entered diagnosis, the interface is configured to output one or a plurality of
said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the
physician.

diagnosis specific pre-populated templates being configured to enable said physician to
perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting,
and a therapy setting.

Levy teaches:

said interface is configured to receive an input of a diagnosis entered by said physician
(i.e. Physicians evaluating chest pain in office setting; See TABLE 6, col. 11, lines 1-23), and in
response to the entered diagnosis, the interface is configured to output one or a plurality of said
diagnosis specific pre-populated templates that correspond with the diagnosis entered by the
physician *(See TABLE 6, lines 1-23); and*

diagnosis specific pre-populated templates being configured to enable said physician to
perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting,
and a therapy setting *(i.e. Physicians evaluating chest pain in office setting; See TABLE 6, col.
11, lines 1-23)*.

It would have been obvious to one of ordinary skill of the art having the teaching of Segal
and Levy at the time the invention was made to modify the system of Segal to include the
limitations as taught by Levy.

One of ordinary skill in the art would be motivated to make this combination in order to
evaluate chest pain in office setting in view of Levy, as doing so would give the added benefit of

providing an on-line diagnostic system for helping to match symptoms to potential diseases or

diagnoses such that a patient can obtain information for traditional sources prior to a visit to a

health care professional as taught by Levy *(col. 15, lines 26-37).*

As per claim 40, Segal teaches a method for recording a patient encounter electronic

medical record, comprising the steps of:

holding a plurality of diagnosis specific pre-populated templates with default entries *(i.e.*

to select one of said plural medical conditions, col. 3, lines 9-26) in a memory accessible by a

processor *(col. 3, lines 9-26; col. 11, line 29 to col. 12, line 12);*

making a diagnosis by a physician *(i.e. the clinician is provided information for justifying*

a diagnosis, col. 3, lines 9-26);

retrieving a subset of the plurality of diagnosis specific pre-populated templates that

correspond with the diagnosis made by the physician *(i.e. the Justification screen provides a list*

of findings ... in the particular disease being displayed, col. 10, lines 45-58) (col. 3, lines 9-26;

col. 11, line 29 to col. 12, line 12);

verifying *(i.e. the screen also provides a set of controls that the user can employ to*

change the constraints applied to the Usefulness determination, col. 10, lines 8-17) said default

entries and changing as necessary said default entries in said subset of the diagnosis specific pre-

populated templates by a physician input *(col. 10, lines 1-44); and*

producing an electronic medical record from said subset of diagnosis specific

prepopulated templates and entries associated therewith, after said verifying step *(i.e. the*

operation of generating the data records can be distributed across a plurality of users on the

network, col. 5, lines 20-42)(col. 3, lines 27-34).

Segal does not expressly teach:

entering the diagnosis made by the physician into the processor;

said retrieving step being performed after said step of entering the diagnosis

diagnosis specific pre-populated templates being configured to enable said physician to

perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting,

and a therapy setting.

Levy teaches:

entering the diagnosis made by the physician into the processor *(i.e. Physicians*

evaluating chest pain in office setting; See TABLE 6, col. 11, lines 1-23);

said retrieving step being performed after said step of entering the diagnosis *(See TABLE*

6, lines 1-23); and

diagnosis specific pre-populated templates being configured to enable said physician to

perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting,

and a therapy setting *(i.e. Physicians evaluating chest pain in office setting; See TABLE 6, col.*

11, lines 1-23).

It would have been obvious to one of ordinary skill of the art having the teaching of Segal

and Levy at the time the invention was made to modify the system of Segal to include the

limitations as taught by Levy.

One of ordinary skill in the art would be motivated to make this combination in order to

evaluate chest pain in office setting in view of Levy, as doing so would give the added benefit of

providing an on-line diagnostic system for helping to match symptoms to potential diseases or

diagnoses such that a patient can obtain information for traditional sources prior to a visit to a

health care professional as taught by Levy *(col. 15, lines 26-37).*

As to claims 2, 15, 28, Segal teaches said interface includes a graphical user interface

(See Figs. 3-6), and said output interface includes a graphical user interface *(i.e. to select one of*

said plurality of medical condition; the clinician is provided information for justifying a

diagnosis, col. 3, lines 9-26; col. 11, line 29 to col. 12, line 12).

As to claims 3, 16, 29, 42, Segal teaches said diagnosis specific pre-populated templates

include at least one of specialty-specific templates and primary care templates *(i.e. to select one*

of said plurality of medical condition; the clinician is provided information for justifying a

diagnosis, col. 3, lines 9-26; col. 11, line 29 to col. 12, line 12).

As to claims 4, 17, 30, Segal teaches said processor is a component of a distributed

computing system *(i.e. the computer program; computer network, col. 5, lines 20-42).*

As to claims 5, 18, 31, 41, Segal teaches said plurality of diagnosis specific pre-

populated templates are configured for at least one of a drilldown logic and a rollup logic *(Figs.*

3-6).

As to claims 6, 19, 32, Segal teaches said plurality of diagnosis specific pre-populated

templates include graphics modulated schematics *(Figs. 3-6)*.

As to claims 7, 20, 33, 43, Segal teaches said diagnosis specific pre-populated templates are derived from at least one of a selective specialty specific database and an anatomic specific database *(i.e. record diagnosis; medical history, and information about the known findings associated with different possible medical conditions and, based on this information, rank the other findings that can be ascertained by the clinician to identify those findings that are most likely to disambiguate between the multiple candidate disease and lead to correct diagnosis, col. 2, lines 13-64)*.

As to claims 8, 21, 34, Segal teaches said diagnosis specific pre-populated templates are end-user modifiable *(i.e. Other implementations could be employed including processes modified to include variants on this approach, such as weighting the probability changes by squares of the probability differences instead of absolute values, restricting the analysis to a subset of diseases chosen by their high likelihood, different scaling factors for Cost and Curability features, ignoring or using disease incidence information, and summing Usefulness for all relevant time periods, col. 8, lines 38-49)*.

As to claims 11, 24, 37, Segal teaches said plurality of diagnosis specific pre-populated templates are configured for at least one of E/M documentation, x-rays, diagnostic studies, prescriptions, and reports *(i.e. record diagnosis; medical history, and information about the known findings associated with different possible medical conditions and, based on this*

information, rank the other findings that can be ascertained by the clinician to identify those

findings that are most likely to disambiguate between the multiple candidate disease and lead to

correct diagnosis, col. 2, lines 13-64).

As to claims 13, 26, 39, Segal teaches said distributed computing environment comprises

at least one of a Wide Area Network, a Local Area Network, and a Wireless Network *(i.e. the*

computer program; computer network, col. 5, lines 20-42).

4.   Claims 9, 12, 22, 25, 35, 38 are rejected under 35 U.S.C. 103(a) as being unpatentable

over Segal et al. (US Patent No. 6,754,655), in view of Levy (US Patent No. 7,076,437), and

further in view of Fey et al. (US Pub. No. 20030187688).

As to claims 9, 22, 35, Segal and Levy do not expressly teach input interface is

configured to convert voice input into text via a speech recognition mechanism.

However, Fey teaches input interface is configured to convert voice input into text via a

speech recognition mechanism *(i.e. User input may be received from the keyboard, mouse, pen,*

voice, touch screen, or any other means by which a human can input data into a computer,

including through other programs such as application programs, [0160]).

It would have been obvious to one of ordinary skill of the art having the teaching of

Segal, Levy and Fey at the time the invention was made to modify the system of Segal and Levy

to include input interface is configured to convert voice input into text via a speech recognition

mechanism as taught by Fey.

One of ordinary skill in the art would be motivated to make this combination in order to

collect screening, *diagnostic,* and demographic data from clients in view of Fey *([0002]),* as

doing so would give the added benefit of having this information accessed and utilized by

doctors and researchers to discover trends, conduct scientific research, and study pre-

symptomatic health data as taught by Fey *([0045]).*

As to claims 12, 25, 38, Segal and Levy do not expressly teach distributed computing

environment comprises at least one of a payment system and an audit system.

However, Fey teaches distributed computing environment comprises at least one of a

payment system and an audit system *(i.e. Responsibility for payment is also noted in the*

database, [0119]).

It would have been obvious to one of ordinary skill of the art having the teaching of

Segal, Levy and Fey at the time the invention was made to modify the system of Segal and Levy

to include distributed computing environment comprises at least one of a payment system and an

audit system as taught by Fey.

One of ordinary skill in the art would be motivated to make this combination in order to

fully cover the costs of the program for their employees under wellness plans in view of Fey

([0119]), as doing so would give the added benefit of providing better health screenings that can

be booked as events when a public organization, such as a local school or health department,

wants to hold open house health fairs as taught by Fey *([0119]).*

5.   Claims 10, 23, 36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Segal et

al. (US Patent No. 6,754,655), in view of Levy (US Patent No. 7,076,437), and further in view of

Pressly (US Pub. No. 20020065854).

As to claims 10, 23, 36, Segal and Levy do not expressly teach input interface is

configured to receive data of at least one of a digital image input, a digital x-ray input, and a

wireless device input.

However, Pressly teaches input interface is configured to receive data of at least one of a

digital image input, a digital x-ray input, and a wireless device input *([0008])*.

It would have been obvious to one of ordinary skill of the art having the teaching of

Segal, Levy and Pressly at the time the invention was made to modify the system of Segal and

Levy to include input interface is configured to receive data of at least one of a digital image

input, a digital x-ray input, and a wireless device input as taught by Pressly.

One of ordinary skill in the art would be motivated to make this combination in order to

associate and allow efficient access to patient demographic information, the details of ordered

procedures, imaging data, and diagnostic information in view of Pressly, as doing so would give

the added benefit of providing an improved automated system for supplying doctors with

comprehensive information needed to complete a medical diagnosis for a particular patient as

taught by Pressly *([0008])*.

Response to Arguments

6.   Applicant's arguments regarding Segal and LaPointe do not teach or suggest the

emphasized "user interface" as recited in amended claims 1-43 have been considered but are

moot in view of the new ground(s) of rejection.

Conclusion

7.   Applicant's amendment necessitated the new ground(s) of rejection presented in this

Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a).

Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).
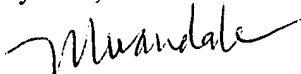
A shortened statutory period for reply to this final action is set to expire THREE

MONTHS from the mailing date of this action. In the event a first reply is filed within TWO

MONTHS of the mailing date of this final action and the advisory action is not mailed until after

the end of the THREE-MONTH shortened statutory period, then the shortened statutory period

will expire on the date the advisory action is mailed, and any extension fee pursuant to 37

CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event,

however, will the statutory period for reply expire later than SIX MONTHS from the date of this

final action.

Any inquiry concerning this communication or earlier communications from the
examiner should be directed to Miranda Le whose telephone number is (571) 272-4112. The
examiner can normally be reached on Monday through Friday from 8:30 AM to 5:00 PM.
If attempts to reach the examiner by telephone are unsuccessful, the examiner's
supervisor, John R. Cottingham, can be reached on (571) 272-7079. The fax number to this Art
Unit is 571-273-8300.

Any inquiry of a general nature or relating to the status of this application should be
directed to the Group receptionist whose telephone number is (703) 305-3900.
Information regarding the status of an application may be obtained from the Patent
Application Information Retrieval (PAIR) system. Status information for published applications
may be obtained from either Private PAIR or Public PAIR. Status information for unpublished
applications is available through Private PAIR only. For more information about the PAIR
system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private
PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Miranda Le
March 05, 2007

JOHN COTTINGHAM
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 2100